

## Maritime Rule Part 34: Medical Standards

### EYESIGHT TEST REPORT

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

APPLICANT DETAILS		
EVIDENCE OF IDENTITY (optometrist to complete)  Please specify type and document number of photographic identification		
FAMILY NAME	FIRST NAME(S)	
DATE OF BIRTH	POSTAL ADDRESS	
CERTIFICATE OF COMPETENCY/ PROFICIENCY REQUIRED		
HAVE YOU HAD A PREVIOUS MARITIME NEW ZEALAND EYESIGHT TEST?	SIGNATURE OF APPLICANT	DATE

RECORD OF CATEGORY – STANDARD TESTS			
FOR OPTOMETRIST TO COMPLETE		CHECKED (FOR MARITIME NEW ZEALAND TO COMPLETE)	
TEST	CATEGORY	TEST	CATEGORY
LETTER		LETTER	
ISHIHARA		ISHIHARA	

LETTER TEST RESULTS				
WITHOUT CORRECTION		WITH CORRECTION		DOES APPLICANT WEAR CORRECTIVE LENSES?
RIGHT EYE		RIGHT EYE		
LEFT EYE		LEFT EYE		
REMARKS:				

**PLEASE NOTE:** For the purposes of this test, do not use + or -

ISHIHARA TEST (38 PLATE) RESULTS	
NUMBER OF MISTAKES	
REMARKS	

TEST	SATISFACTORY FOR DUTIES YES / NO	REMARKS
NEAR VISION		
VISUAL FIELDS		
NIGHT BLINDNESS		
DIPLOPIA		

EVIDENCE OF DISEASE	
YES / NO	REMARKS

## ALTERNATIVE TESTS

RECORD OF CATEGORY – ALTERNATIVE TESTS (IF REQUIRED)			
FOR OPTOMETRIST TO COMPLETE		CHECKED (FOR MARITIME NEW ZEALAND TO COMPLETE)	
TEST	CATEGORY	TEST	CATEGORY
ALTERNATIVE PSEUDO-ISOCROMATIC TEST (please name test)		ALTERNATIVE PSEUDO-ISOCROMATIC TEST	
LANTERN HOLMES-WRIGHT TYPE B		LANTERN HOLMES-WRIGHT TYPE B	
FARNSWORTH SATURATED D15		FARNSWORTH SATURATED D15	

ALTERNATIVE PSEUDO-ISOCROMATIC TEST RESULTS	
NAME OF TEST	
PASS / FAIL (please state)	
REMARKS	

**RESULTS OF LANTERN TEST – HOLMES-WRIGHT TYPE B**

NUMBER SHOWN ON DISCS	LARGE APERTURES	SMALL APERTURES			REMARKS
	NAMED BY CANDIDATE	NAMED BY CANDIDATE	NAMED BY CANDIDATE	NAMED BY CANDIDATE	
17					
11					
53					
55					
01					
33					
00					
15					
50					
TOTAL NUMBER OF LIGHTS SHOWN					
REMARKS					

**FARNSWORTH SATURATED D15 RESULTS**

PASS / FAIL (please state)	
REMARKS	

NAME OF OPTOMETRIST	ADDRESS	
REGISTRATION NUMBER OF OPTOMETRIST	SIGNATURE OF OPTOMETRIST	DATE

**A COPY OF THE COMPLETED TEST REPORT IS TO BE GIVEN TO THE CANDIDATE.**

**PLEASE SEND THE REPORT TO MARITIME NEW ZEALAND  
AT THE EARLIEST OPPORTUNITY:**

**Fax:** 04 494 1263

**Email:** [seafarers@maritimenz.govt.nz](mailto:seafarers@maritimenz.govt.nz)

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**Send original report to:**

Maritime New Zealand

PO Box 25620

Wellington 6146